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CONFIRMATION NO. 4406

Bib Data Sheet

SERIAL NUMBER 10/688,009	FILING DATE 10/17/2003 RULE	CLASS 313	GROUP ART UNIT 2879	ATTORNEY DOCKET NO. B012.PAT-2
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## APPLICANTS

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## \* CONTINUING DATA \*

This appln claims benefit of 60/420,624 10/23/2002

## \* FOREIGN APPLICATIONS \*

F REQUIRED, FOREIGN FILING LICENSE GRANTED  
\* 01/31/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 3	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Balanced blue spectrum therapy lighting

FILING FEE RECEIVED 439	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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